

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

| | | |
|---|--|---|
| PLAINTIFF FONDY CARTER | | COURT CASE NUMBER 1:05-CV-11335 |
| DEFENDANT P.A. JENESCKO | | TYPE OF PROCESS Summen |
| SERVE ➔ | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DEVEN MEDICAL CENTER | |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. BOX 880, AYER MASSACHUSETTS 01432 | |
| AT | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Fondy Carter Federal Correction Institute P.O. Box 6001 Oakland, CA 94605 | | |
| Number of process to be served with this Form - 285 | | 1 |
| Number of parties to be served in this case | | 1 |
| Check for service on U.S.A. | | 2105 SEP 2 P 4:26 RECEIVED SERVICE U.S. MARSHAL SERVICE BOSTON, MA |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------------------|-------------------------------------|------------------------------------|---|-----------------------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process 1 | District of Origin No. 32 | District to Serve No. 38 | Signature of Authorized USMS Deputy or (Clerk) Harvey Salamea | Date 9/2/05 |
|---|---------------------------|-------------------------------------|------------------------------------|---|-----------------------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service Time **am**
pm

Signature of U.S. Marshal or Deputy

| | | | | | | |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|

REMARKS:

Served by Cert Mail 9/6/05 at

UNITED STATES DISTRICT COURT

District of

Massachusetts

TENDY CARTER

SUMMONS IN A CIVIL CASE

v.

of Newland, et al.

CASE NUMBER:

C.A. 05-11335-NMG

TO: (Name and address of Defendant)

PA. Tenesko

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Emily Carter, pro se

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You must also file your answer with the Clerk of the Court within the same period of time after service.



SARAH A. Thornton

CLERK

7/13/05

DATE

Rebecca Greenley

(By) DEPUTY CLERK